

**SAN JOAQUIN COUNTY CHILDREN AND FAMILIES COMMISSION  
KITS PROVIDER INTAKE FORM**

DATE: \_\_\_\_\_

☐ Yes, I'm interested in receiving the *free* Kits for New Parents Packages:

☐ **Monthly Basis for \_\_\_\_\_ Months**

English Version—Amount# \_\_\_\_\_

Spanish Version—Amount# \_\_\_\_\_

***Not available at this time***

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Deleted: ☐ Bi-weekly Basis for  
\_\_\_\_\_ Weeks

Deleted: English Version—Amount#  
\_\_\_\_\_

Deleted: Spanish Version—Amount#  
\_\_\_\_\_

☐ Yes, send me **only a one-time trial start-up order** of *free* Kits for New Parents Packages:

☐ English Version—Amount# \_\_\_\_\_

☐ Spanish Version—Amount# \_\_\_\_\_

☐ **NO, I AM NOT INTERESTED AT THIS TIME.** *(Please complete provider information to note in our database)*

Health Provider Type: (Check one please)	PROVIDER SHIPPING INFORMATION (Please Print)	CONTACT PERSON INFORMATION (If different from Shipping Info)
<input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Pediatrician <input type="checkbox"/> Family Practitioner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Other	Name	Name
	Organization	Organization
	Street	Street
	City, State Zip	City, State Zip
	Phone #	Phone #
<b>Service Provider Type:</b> (Check one please)	Fax #	Fax #
<input type="checkbox"/> Prop. 10 Contractor <input type="checkbox"/> Non-Prop. 10	E-Mail Address	E-Mail Address

*A letter will follow to notify you of a meeting scheduled for orientation on the Kits. If you have any questions, please don't hesitate to call: Isabel Mata @ 222 E. Weber Avenue, Rm. 678, Stockton, CA 95202 Phone: 209 468-9985  
Fax: 209 468-8917 or E-mail: isabelmata@co.san-joaquin.ca.us*